

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request to amend certificate name on a Class C  
Charter Bus Certificate

Current Name: Prestina A. Williams DBA E Z  
Rider

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2012 - 242 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: PRESTINA A. WILLIAMS Telephone: 803-286-0718

Address: 1744 CARNES WILSON RD. Fax:   
LANCASTER, S.C. 29720 Other: 803-804-1224

Email: PRESTINA6205@GMAIL.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

RECEIVED

MAR 25 2013

ORS  
T.T.W./W

- ☒ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petitioner
- ☐ Other: \_\_\_\_\_

MAR 25 2013

PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



## CLASS C AMENDMENT FORM

## File the original with:

Public Service Commission of South Carolina  
 Clerk's Office  
 Motor Carrier Matters  
 P.O. Box 11649  
 Columbia, S.C. 29211  
 (803) 896-5100  
 FAX (803) 896-5199

## Mail or fax a copy to:

S.C. Office of Regulatory Staff  
 Transportation Department  
 1401 Main Street, Suite 900  
 Columbia, S.C. 29201  
 (803) 737-0578  
 FAX (803) 737-0815

RECEIVED

DATE: FEBRUARY 6, 2013

MAR 25 2013

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☐ Class C Charter # \_\_\_\_\_ ☒ Class C Charter Bus # 0329  
☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

MAR 25 2013

From: Prestina A. Williams

DBA: E Z Rider

PSC SC  
CLERK'S OFFICE

(Current Name)

(Current DBA if applicable)

TO: E Z Rider, LLC

DBA: N/A

(New Name)

(New DBA if applicable)

☐ Scope of Authority

From: Not applicable

To: \_\_\_\_\_

(Current Scope)

(New Scope)

☐ Passenger Limit

From: Not applicable

To: \_\_\_\_\_

(Current Limit Number)

(New Limit Number)

EZ Rider, LLC

Name &amp; DBA if DBA is applicable)

1744 CARNES WILSON RD.  
 (Street and/or Mailing Address)

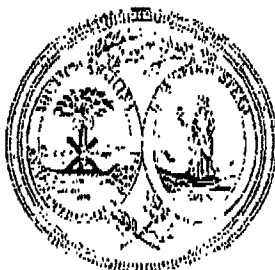
LANCASTER, S.C. 29720  
 (City, State, Zip Code)

Prestina A. Williams  
 (Signature)

803-286-0718  
 (Telephone Number)

Owner  
 (Title) Owner, President, etc.

# *The State of South Carolina*

**RECEIVED**

MAR 25 2013

**ORS  
T,T,W,W/W**

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

EZ RIDER, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 13th, 2013, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
20th day of March, 2013.

*Mark Hammond*  
Mark Hammond, Secretary of State

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICESTATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company -- Domestic  
Filing Fee - \$110.00

MAR 13 2013

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name")

EZ Rider, LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

1744 Carnes Wilson Rd.

Street Address

Lancaster

City

29720

Zip Code

3. The initial agent for service of process is

Prestina A. Williams

Name

*Prestina A. Williams*  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1744 Carnes Wilson Rd.

Street Address

Lancaster

City

29720

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Prestina A. Williams

Name

1744 Carnes Wilson Rd.

Street Address

Lancaster,

City

SC

State

29720

Zip Code

(b)

Name

Street Address

City

State

Zip Code

130315-0182  
EZ RIDER, LLC

FILED: 03/13/2013

Filing Fee, \$110.00 ORIC



Mark Hammond

South Carolina Secretary of State

Form Revised by South Carolina  
Secretary of State, July 2012

Name of Limited Liability Company \_\_\_\_\_

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified, \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (b) \_\_\_\_\_  
Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Prestina Williams  
Signature of Organizer

8 March 2013  
Date

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Date